Newport News Public Schools Bring Your Own Device (BYOD) Agreement Form

Complete this form and then return it to a classroom teacher so that it may be turned over to a Instructional Technology Coach (ITC) at the school. If network access has been requested, please expect a wait of 2-5 school days before access is granted. If you have 1 device, please fill in Serial Number 1 If you have two devices, fill in Serial Number 2. *Please note that no student is required to bring a device to school to obtain the full benefit of their public education.*

My Device Requires Network Access

Brand (*Apple, LG, Samsung, etc*)		Model *(Name or number)*	
Check Device Type: ☐ Smart Phone ☐ Laptop ☐ Tablet ☐ E-Reader ☐ Other _____			
Serial Number 1:		Serial Number 2:	
I have spoken with my teacher(s) about potential ways to use my device in the classroom.			☐ Yes
I accept the responsibility to keep my device protected via up to date software and acknowledge that NNPS is not liable for any malware contracted by the device while using an NNPS network nor for data charges when using a non-NNPS network (e.g. cellular network.)			☐ Yes
I understand that NNPS is not responsible for loss of, theft of, or damage to my device. I will take all reasonable steps to ensure that it is secure and protected. I will not share my device with other students.			☐ Yes

My Device Does Not Require Network Access)

Brand (Apple, LG, Samsung, etc)		Model (Name or number)	
Check Device Type: ☐ Smart Phone ☐ Laptop ☐ Tablet ☐ E-Reader ☐ Other _____			
Serial number (may list more than one)			
I have spoken with my teacher(s) about potential ways to use my device in the classroom.			☐ Yes
I understand that NNPS is not responsible for loss of, theft of, or damage to my device. I will take all reasonable steps to ensure that it is secure and protected. I will not share my device with other students.			☐ Yes

I have read, understand, and agree to abide by the Newport News Public Schools Bring Your Own Device Guidelines for Students. I understand any violation of these guidelines may result in revocation of my privileges, confiscation of my device (to be returned only to a parent / guardian), and potentially further consequences. I also understand that any violation of these guidelines that is found to be unlawful may constitute a criminal offense that could result in prosecution under state and/or Federal laws.

Grade: ___ School: _____ HRM/Teacher: _____ NNPS ID: _____

Student Name & Signature: _____ _____

PRINTED SIGNED

Parent / Guardian Name & Signature: _____ _____

PRINTED SIGNED

Date: _____